

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Nicholas W. Rhoad**  
*IPLA Executive Director*

## Acupuncture Detox Specialist Certification Renewal

Your acupuncture detox specialist certification in the state of Indiana expires on 9/30/2014. Renew online at [www.pla.in.gov](http://www.pla.in.gov) or send this form with the renewal fee of \$20.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 9/30/2014 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee \$20
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit to practice detoxification acupuncture or any regulated health occupation in any state (including Indiana) or country, or surrendered your license in lieu of discipline?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you been admonished, censured, reprimanded, terminated or requested to withdraw, resign or retire from any hospital or health care facility or employer in which you have trained, held staff membership or privileges, acted as a consultant or been employed or have you resigned in lieu of discipline?			YES NO
5. Since you last renewed, are you now being, or have you ever been treated for drug or alcohol abuse or addiction?			YES NO
6. Since you last renewed, have you been subject to an investigation by a regulatory agency concerning any license?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Medical Licensing Board please email [pla3@pla.in.gov](mailto:pla3@pla.in.gov) or call 317-234-2060.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date